

## **Dead Storage and Delivery Card Request Form**

State Building: _		
Vendor Name: _		
Dead Storage:		
\$125 up to 12'		
\$175 for 12 – 24'		
\$500 for 25' and o	ver	
How many:		
Size, Type, and Licen	se Plate # of Unit(s):	
On Site Contact Name	<b>:</b>	
Phon	e:	
Emai	1:	
Delivery Card:		
	ngs as needed. No parking privileges associated with the delivery card he hours of 7 - 9 am daily thru Gate 1 and 1A only. No deliveries per	
Issued to:		
Location:		
On Site Contact Name	<b>:</b>	
Phon	e:	
Emai	1.	